PTO/8B/22 (08-04)

proved for use through 7/31/2008. CMB 0851-0031 mark Office; U.S. DEPARTMENT OF COMMERCE U.S. Petent and Tri Under the Paperwork Reduction Act of 1995, no persons are required to re ition unless It displays a velid QMB control num Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) SRI1P013X1 (PĂCK/3879-3) Filed March 3, 2000 Application Number 09/518,753 METHOD AND APPARATUS FOR UPDATING INFORMATION IN A LOW-BANDWIDTH CLIENT/SERVER OBJECT-ORIENTED SYSTEM 2153 Examiner Flynn, Kimberly D. Art Unit This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a rapily in the above identified application. The requested extension and fee are as follows (check time period dealred and enter the appropriate fee below): Fee Small Entity Fee \$110 \$55 One month (37 CFR 1.17(a)(1)) \$210 ☐ Two months (37 CFR 1.17(a)(2)) \$420 \$950 \$475 \$475 M Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) \$1480 3740 Five months (37 CFR 1.17(a)(5)) \$2010 \$1005 Applicant claims small entity status. See 37 CFR 1.27.  $\boxtimes$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. п The Director has already been authorized to charge fees in this application to a Deposit Account. 囟 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-0782. I have enclosed a duplicate copy of this sheet. WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. applicant/Inventor. I am the assignee of record of the entire Interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). □ attorney or agent of record. Registration Number 39.400 attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). September 30, 2004 Date Kin-Wah Tong, Esq. (732) 530-9404 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted. This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. The will vary depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be earl to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need exalitance in completing the form, cell 1-500-PTO-9189 and select option 2. ଛ 90006 æ PAGE 5/25 \* RCVD AT 9/30/2004 8:14:50 PM [Eastern Daylight Time] \* 8VR:USPTO-EFXRF-1/1 \* DNG:8729308 \* CSID:732 530 9808 \* DURATION (mm 

01/06/2005 EGILLIAN

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE \_\_\_\_ OR **SMALL ENTITY FOR** NUMBER FILED **NUMBER EXTRA** RATE FEE RATE FEE MORNING THE CO. **BASIC FEE** 345.00 690.00 OR **TOTAL CLAIMS** minus 20= X\$ 9= X\$18= OR 234 3 INDEPENDENT CLAIMS minus 3 = X39= X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR 158 **CLAIMS AS AMENDED - PART II OTHER THAN** (Column 1) (Column 2) (Column 3) SMALL ENTITY OR **SMALL ENTITY CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL AMENDMENT RATE TIONAL RATE AFTER **PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE T tal 0 2 Minus X\$ 9= X\$18= OR Independent Minus X28= X39 =86 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT AMENDMENT AFTER PREVIOUSLY** TIONAL **EXTRA** RATE RATE TIONAL **AMENDMENT** PAID FOR FEE FEE Minus X\$ 9= X\$18= OR Independent Minus X39 =X78= ÓR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING NUMBER ADDI-**PRESENT** ENDMENT AFTER **PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA AMENDMENT** PAID FOR **FEE** FEE Total 2 Minus 3 X\$ 9= X\$18= OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR +260= \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL OR ADDIT. FEE ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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**Application or Docket Number**